

**Management Control Evaluation Checklist**  
**Frequency Supportability for Equipment or System Research and Development**

<b>REGULATION NUMBER:</b>	<b>AR 5-12</b>
<b>DATE OF REGULATION:</b>	<b>1 Nov 97</b>

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**Assessable Unit : (Mailing address and phone number)**

**Function.** The function covered by this checklist is to determine Frequency Supportability for Equipment or System Research and Development (R&D). Information Mission Activities: Radio Frequency Spectrum Management.

**Purpose.** The purpose of this checklist is to assist program/project/product managers, contracting officers, or commanders at all levels responsible for; coordination and integration of the research and development, test, acquisition, fielding, procurement, leasing, modification, installation, or operation of Army materiel requiring radio frequency spectrum support under AR 5-12. To plan for appropriate frequency supportability considerations early in the acquisition life cycle (e.g. during Concept Exploration Phase), and include in appropriate documentation. To insure frequency supportability requirements are included in all documentation used for the research and development (R&D) of all devices, equipment, and systems that will transmit and receive RF energy. The controls listed provide reasonable assurance that Army resources are adequately safeguarded.

**Instructions.** Answers must be based on the actual testing of key management controls such as document analysis, direct observation, interviewing, sampling, and simulation. Answers that indicate deficiencies must be explained and corrective action must be identified in supporting documentation. This checklist must be used 120 days after publication and every two years thereafter. Certification that this evaluation has been conducted must be accomplished on the enclosed DA Form 11-2-R (Management Control Evaluation Certification Statement).

**Comments.** Help make this a better tool for evaluating management controls. Submit comments to HQDA ATTN: SAIS-PAS-M (The Army Spectrum Manager) Army, Pentagon, WASH DC 20310.

**Evaluation conducted by: (Name, Grade, Title, Office Branch, Telephone Number)**

**Date of Evaluation**

**Evaluation Results: (Document the evaluation results on DA Form 11-2-R, in item 7)**

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